

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number L 000447005	2. Page 1 of 1	3. Emergency Response Phone 380-424-5200	4. Waste Tracking Number 310419
5. Generator's Name and Mailing Address US EPA REGION II-SUPERIOR BARREL 2800 WOODBRIDGE AVE EDISON, NJ 08837 Generator's Phone: (735) 777-4454		Generator's Site Address (if different than mailing address) USEPA REG II-SUPERIOR BARREL & DRUM SITE 750 JACOB KARRIS LANE GLASSBORO, NJ 08022			
6. Transporter 1 Company Name L & L		U.S. EPA ID Number			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address REPUBLIC SERVICES/CONNECTORA 420 QUARRY RD MORGANTOWN PA 15061 Facility's Phone: (412) 096-2574		U.S. EPA ID Number			
9. Waste Shipping Name and Description 1. Non Haz Non Regulated Contaminated Soil		<div style="border: 1px solid black; padding: 10px; margin: 10px;"> <p>T&amp;D Subcontract #5 Soil Scrape Waste Manifests</p> </div>			
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information 1. WIND 49420					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's/Offor's Printed/Typed Name Margaret Gregor		Signature Margaret Gregor		Month Day Year 09/27/17	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:			
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name		Signature		Month Day Year	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
17b. Alternate Facility (or Generator)		Manifest Reference Number: U.S. EPA ID Number			
Facility's Phone:					
17c. Signature of Alternate Facility (or Generator)		Month Day Year			
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a		310419 			
Printed/Typed Name		Signature		Month Day Year	

GENERATOR	<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number NJ0000000000	2. Page 1 of 1	3. Emergency Response Phone 800-424-2662	4. Waste Tracking Number	
	5. Generator's Name and Mailing Address ATTN: KEITH GLENN US EPA REGION II-SUPERIOR BARRELL 2870 WOODBRIDGE AVE EDISON, NJ 08837 Generator's Phone: (732) 321-4454			Generator's Site Address (if different than mailing address) US EPA REG II-SUPERIOR BARREL & DRUM SITE 770 JACOB HARRIS LANE GLASSBORO NJ 08022			
	6. Transporter 1 Company Name Lacy's Express INC			U.S. EPA ID Number			
	7. Transporter 2 Company Name			U.S. EPA ID Number			
	8. Designated Facility Name and Site Address REPUBLIC SERVICES/CONESTOGA 420 QUARRY RD KORCANTOWN PA 19043 Facility's Phone: (610) 225-7874			U.S. EPA ID Number			
	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
			No.	Type			
	1. Non Haz Non Regulated Contaminated Soil			DR	30	25	
	2.						
	3.						
4.							
13. Special Handling Instructions and Additional Information 1. WID: 49420							
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Generator's/Offoror's Printed/Typed Name Margaret Gregor							
Signature Margaret Gregor							
Month Day Year 09 29 14							
INT'L	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. <input checked="" type="checkbox"/> Port of entry/exit: Transporter Signature (for exports only): Date leaving U.S.:						
	16. Transporter Acknowledgment of Receipt of Materials						
TRANSPORTER	Transporter 1 Printed/Typed Name Bill H. H. H.		Signature [Signature]		Month Day Year 9 29 14		
	Transporter 2 Printed/Typed Name		Signature		Month Day Year		
DESIGNATED FACILITY	17. Discrepancy						
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number:						
	17b. Alternate Facility (or Generator)				U.S. EPA ID Number		
	Facility's Phone:						
17c. Signature of Alternate Facility (or Generator)							
Month Day Year							
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a							
Printed/Typed Name							
Signature							
Month Day Year							

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

4. Waste Tracking Number

003

5. Generator's Name and Mailing Address

ATTN: WEIHA GLENN

Generator's Site Address (if different than mailing address)

USEPA REG II SUPERCK. BARRELLY DRAIN SITE

USEPA REGION II SUPERCK. BARRELL  
2890 WOODBRIDGE AVE, EDISON, NJ 08837

792 JACOB HARRIS LANE

GLASSBORO, NJ 08028

Generator's Phone

732-381-4454

6. Transporter 1 Company Name

LACEY EXPRESS INC.

U.S. EPA ID Number

NJDC04155033

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

REPUBLIC SERVICES/CONESTOGA  
420 QUARRY RD. MORENTOWN, NJ, 08053

Facility's Phone

610-438-7376

9. Waste Shipping Name and Description

10. Containers

No.

Type

11. Total  
Quantity

12. Unit  
Wt./Vol.

1.

NON HAZ NON REGULATED CONTAMINATE

001

CM

20

YDS

2.

SOIL.

3.

4.

13. Special Handling Instructions and Additional Information

1 WID4420 APPROX 141630

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offor's Printed/Typed Name

Signature

Month Day Year

15. International Shipments

☐ Import to U.S.

☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:

Transporter Signature (for exports only):

16. Transporter Acknowledgment of Receipt of Materials

Signature

Month Day Year

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Transporter 2 Printed/Typed Name

17. Discrepancy

17a. Discrepancy Indication Space

☐ Quantity

☐ Type

☐ Residue

☐ Partial Rejection

☐ Full Rejection

Manifest Reference Number:

U.S. EPA ID Number

17b. Alternate Facility (or Generator)

Facility's Phone:

Month Day Year

17c. Signature of Alternate Facility (or Generator)

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Signature

Month Day Year

**SPECIAL WASTE PROFILE**

Page 1 of 2

Requested Disposal Facility: 5081 Conestoga LF PA

Waste Profile #

Saveable fill-in form. Restricted printing until all required (yellow) fields are completed.

**I. Generator Information**

Sales Rep #:

Generator Name: US EPA Region II - Superior Barrel &amp; Drum Site

Generator Site Address: 798 Jacob Harris Lane

City: Glassboro County: Gloucester State: New Jersey Zip: 08028

State ID/Reg No: State Approval/Waste Code: (If applicable) NAICS #:

Generator Mailing Address (if different): ☒ 2890 Woodbridge Avenue

City: Edison County: Middlesex State: New Jersey Zip: 08837

Generator Contact Name: Keith Glenn Email:

Phone Number: (732) 321-4454 Ext: Fax Number:

**II. Billing Information**

Bill To: American Waste Management Services, Inc Contact Name: John Zwahl

Billing Address: One American Way Email: jzwahl@awmsi.com

City: Warren State: OH Zip: 44484 Phone: (973) 903-7022

**III. Waste Stream Information**

Name of Waste: Contaminated, NON RCRA hazardous, Soil

Process Generating Waste:

Various consolidated non hazardous soils from cleanup at a former drum refurbishing facility.

Type of Waste: ☒ INDUSTRIAL PROCESS WASTE ☐ POLLUTION CONTROL WASTEPhysical State: ☒ SOLID ☐ SEMI-SOLID ☐ POWDER ☐ LIQUIDMethod of Shipment: ☒ BULK ☐ DRUM ☐ BAGGED ☐ OTHER:

Estimated Annual Volume: 200 Tons

Frequency: ☒ ONE TIME ☐ ONGOINGDisposal Consideration: ☒ LANDFILL ☐ SOLIDIFICATION ☐ BIOREMEDIATION**IV. Representative Sample Certification**☐ NO SAMPLE TAKEN

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent rules?

☒ YES or ☐ NOType of Sample: ☒ COMPOSITE SAMPLE ☐ GRAB SAMPLE

Sample Date: 9/11/14

Sample ID Numbers: SBD-Soil-001



Waste Profile #

**V. Physical Characteristics of Waste**

Characteristic Components		% by Weight (range)			
1. Soil		90 - 100			
2. Debris (plastic, paper, twigs)		0 - 10			
3.					
4.					
5.					
Color varies	Odor (describe) none	Does Waste Contain Free Liquids? <input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO	% Solids 100	pH: 7.58	Flash Point No °F
<b>Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Chain of Custody and Required Parameters Provided for this Profile</b>					
Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, or 2,4,5-TP Silvex as defined in 40 CFR 261.33?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain reactive sulfides (greater than 500 ppm) or reactive cyanide (greater than 250 ppm)[reference 40 CFR 261.23(a)(5)]?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD), or any other dioxin as defined in 40 CFR 261.31?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this waste a reactive or heat generating waste?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does the waste contain sulfur or sulfur by-products?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this waste generated at a Federal Superfund Clean Up Site?					<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No
Is this waste from a TSD facility, TSD like facility or consolidator?					<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No

**VI. Certification**

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste.

I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

I further certify that the company has not altered the form or content of this profile sheet as provided by Republic Services Inc.

Keith Glenn

US EPA Region II

Authorized Representative Name And Title (Type or Print)

Company Name

Authorized Representative Signature

9/19/2014

Date